Application No:  
Roll No.  

Category:  
Sponsored  
General  

School of Nursing, Christian Hospital Chhatarpur.  
Dist Chhatarpur, Madhya Pradesh – 471001  
Ph: 07682-249317 or 09755800578  
Email: schoolchc@eha-health.org

APPLICATION FOR ADMISSION TO GNM TRAINING 2018

INSTRUCTIONS TO THE CANDIDATE
1. Read all the instructions before filling in the application
2. Please make sure you are eligible to apply before sending application.
3. This form should be filled in legibly with applicant’s own handwriting.
4. Insert NIL, if there is no answer to question/ Tick wherever applicable
5. Xerox copies of Mark Certificates and other testimonials duly attested should be attached (originals should be produced at the time of interview) please refer enclosures
6. Incomplete application forms will be summarily rejected
7. PLEASE QUOTE APPLICATION NUMBER IN ALL COMMUNICATIONS
8. Last date for submission of filled Application form - on or before 15th June 2016

GENERAL INFORMATION
1. Name (in CAPITAL letters as entered in 10th) ……………………………………………………………………..
2. Address for Communication ……………………………………………………………………………………………...

Pin Code ………………….. Phone ………………… Mobile …………………..

Email ………………………………………………. Fax ………………………

3. Permanent Address …………………………………………………………………………………………………………

4. Date of Birth …………………….. Age …………………………………

5. Marital Status ………………………….. Sex ……………………………
6. Height ........................................... Weight ...........................................
   Nationality .................................. Domicile State ..............................

7. Information about Parents

<table>
<thead>
<tr>
<th>DETAILS</th>
<th>FATHER/ GUARDIAN</th>
<th>MOTHER</th>
</tr>
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<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
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<tr>
<td>Designation</td>
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<tr>
<td>Annual Income</td>
<td>Rs.</td>
<td>Rs.</td>
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</tbody>
</table>

- When a parent is alive (either father or mother), the question of guardian does not arise
- If mother is also employed, occupation should be given
- Enclose Income certificate from the employer / Zonal Deputy Tahsildar

8. If married, number of children ...................... Their ages .................................

9. Applicant’s Educational Qualification .................................

10. Subjects taken in High School and Intermediate (+2) studies:

<table>
<thead>
<tr>
<th>High School year ......................</th>
<th>Intermediate (+2) year ...............</th>
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</thead>
<tbody>
<tr>
<td>Subjects</td>
<td>Marks %</td>
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11. Extra curricular activities: - (SPORTS, NCC, SCOUTS, NSS, MUSIC, ANY OTHER)

..........................................................................................................................

12. Have you done any other nurses training before? If so, give details

..........................................................................................................................

13. Name of the person who meet the financial requirements for training ..................
    (if you are sponsored, a letter from the sponsoring body or person should be sent along with
    the application)
14. **OTHER DETAILS:-**

a. Mother Tongue: .................................................................

b. Other Language(s) Known(speak): ........................................

   Read: ................................................................. (write): .................................................................

c. Religion: ........................................................................

   If, Christian, Denomination.................................................

d. Name & Address of your Pastor / Elder .................................................................

15. Have you had any major illness in the past? .................................................................

   If yes, give details ........................................................................

16. After completion of your training you will be posted in any one of the EHA hospitals to complete your commitment of service. Do you agree to this? .................................................................

   *(Not applicable for unsubsidized fee candidates)*

17. Why do you want to become a Nurse? (Write briefly)

   ........................................................................................................

18. Reason(s) for applying to this Nursing School:

   ........................................................................................................

19. Choose the (examination) Pre-Nursing Test centre .................................................................

20. Applicants should write the Pre-Nursing Test (PNT) on 2\textsuperscript{nd} July 2018 in one of the following centers. The names of the centers are as follows:

1. School of Nursing Christian Hospital Chhatarpur, Madhya Pradesh Ph. 07682-249317
2. School of Nursing, TSS Patna Bihar, –Ph. 9155604947, 9472034517
3. School of Nursing, SDA Hospital , Ranchi, Jharkhand, Ph-0651-6456385
4. School of Nursing, Dhamtari Christian Hospital, Dhamtari, Chhattisgarh, ph 07722-240573
5. School of Nursing, Christian Hospital, Sanyogitanj, Indore. M.P-0731-2700196
7. School of Nursing, Christian hospital, Berhampur, Dist Ganjam, Orissa Ph:0680-2216950

The results of the PNT will be notified after 2- 3 weeks by post or by enquiring on phone.

The selected students will have a personal interview in the School of Nursing, Christian Hospital Chhatarpur in first or second week of August 2018.
21. Candidates may apply and write Pre Nursing Test even if they do not yet have their +2 Results (Results should be in hand before personal interview)

22. **PNT Registration fee for Rs.450 and Rs. 300 for prospectus should be sent along with the application form by Demand Draft in favour of Bethesda Hospital Society, Payable at Chhatarpur.**

23. Kindly complete the hall ticket and take it to the examination centre.

*I hereby solemnly and sincerely affirm that I have read and fully understood the rules and regulations of this School of Nursing, and agree to discharge my duties as a student with diligence and honor.*

Signature of the Parent / Guardian

Signature of the Candidate

Date:

Date:

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**FOR OFFICE USE ONLY**

Form issued on ......................... Received back on .........................

Application Complete – Yes / No Selected for Interview – Yes / No

Certificates and Testimonials verified – Yes/ No Medical fitness Remarks ......................

Result of Interview – Selected / Not Selected / Waiting List